

EXHIBIT C

NYCHSRO/MedReview

Clinical Review Report Prepared For: Ironworkers Health and Welfare Fund

Mbr / DOB / Age: Brian Sidote 4/16/87 [34]
ID # / Gender: MID0024054 M First/Last Svc Dates:
Referral Date: June 4, 2021 CRS Reference #: 203870
Review Date: June 7, 2021 Reviewer(s): David Lessing, M.D.
Claim #: Orthopedic Surgery
Case / Auth #: [-].
LOB / Group ID:
Case Type: Medical Necessity
Determination: Certified [Approved]

IRO CONSULTANT RESPONSE

Review Issue(s) /Questions:

1. Medical necessity: Is the planned treatment, left knee meniscus repair and ACL repair vs. reconstruction, medically necessary? Please reference established criteria or guidelines or practice norms and provide relevant references.
2. Coding: Are the submitted CPT codes an accurate coding for this treatment? If additional or different coding is indicated, please provide those appropriate codes as well.

Submitted CPT Codes: 29883; 29888.

Materials Reviewed:

From 05/28/21 through 06/04/21 Dr. Vaksha provides orthopedic treatment notes for a left knee injury sustained playing kickball on 05/25/21. Patellar and medial and lateral joint line tenderness were noted in addition to an effusion. The effusion was aspirated and found to be a hemarthrosis. An MRI study was obtained that documented a medial meniscal tear in the posterior horn with a bucket handle tear in the lateral meniscus and a deficient anterior cruciate ligament. A subsequent evaluation on 06/04/21 revealed persistent medial and lateral joint line tenderness with limited range of motion and a positive Lachman's test and McMurray's test. Treatment options were discussed and arthroscopy of the left knee with medial and lateral meniscal repair with ACL repair versus reconstruction was the agreed treatment plan.

On 06/02/21 Zwanger-Pesiri Radiology provides a report of an MRI study of the left knee. The study notes a moderate effusion with a grade 2 sprain of the medial collateral ligament, a vertical tear to the inner third of the posterior horn of the medial meniscus, a bucket handle tear of the lateral meniscus, and a subacute ACL tear partial versus (more likely) complete.

Response to Review Questions:

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1)

The proposed arthroscopy of the left knee with meniscal repair and cruciate repair/reconstruction is indicated.

2)

The submitted CPT codes accurately describe the proposed procedure.

Clinical Synopsis and Rationale:

Although the radiology report refers to this is a subacute ACL injury, the history and finding of an effusion with blood in the knee (hemarthrosis) indicates that this is an acute injury and within reasonable medical probability related to the kickball injury described on May 25, 2021. Treatment notes reflect a positive Lachman test indicating that the knee is clinically unstable, and the MRI also documents tears of both medial and lateral menisci. The menisci are secondary stabilizers for the anterior cruciate ligament and cruciate repair/reconstruction carries a high failure rate without repairing those secondary stabilizers. Accordingly, both menisci need to be repaired to protect the repair/reconstruction of the ACL. The ACL needs to be repaired or reconstructed to provide stability for the knee.

CPT code 29883 refers to arthroscopy and repair of both the medial and lateral menisci which is an accurate description of the indicated procedure.

CPT code 29888 refers to his surgical repair/reconstruction of the anterior cruciate ligament, which is also indicated.

Recommendation:

I recommend proceeding with the surgery as described with the CPT codes listed above.

References:

Milliman guidelines S-705 (ISC) were referenced in providing this report.

Conflict of Interest Attestation:

I hereby attest that I have examined the materials provided to me and that I have no conflict of interest (as defined above or otherwise) regarding:

- the referring entity
- the health benefit plan / insurer or any officer, administrator, fiduciary, director or employee of same
- the patient / consumer / covered person or that person's authorized representative (if the representative's identity is known)
- the requesting provider, provider's group or IPA or any other healthcare provider previously involved in the case

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- the facility at which the recommended treatment would be provided
- the developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended for the patient

I further attest that I will not accept compensation for external review activities that are dependent on any way on the specific outcome of the case nor is my decision in any way based on consideration of race, religion, national origin, gender nor on the basis of any other non-clinical personal factor and that I do not have any history of involvement with this case or episode of care prior to its referral to me on this occasion.

Reviewer Name:

David Lessing, M.D.

Board Certification:

Orthopedic Surgery

NYCHSRO/MedReview

Reviewer Credentials For Case #203870

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Lic. State/#/Status/Expires

Specialty / Status / Expiration

[Exp Date of 12/31/2999 = Lifetime Cert.]

David Lessing, M.D.

Orthopedic Surgery	NJ	25MA0479030	Active	06/30/2021
Certified	NY	138547	Active	05/31/2022
12/31/2026				

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